



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5491536
Outpatient Patient Service Revenue	\$40336721
Total Gross Patient Service Revenue	\$45828257

2. Deductions From Revenue

Contractual Allowance	\$25597275
Other Deductions	\$1386237
Total Deductions	\$26983512

3. Total Operating Revenue

Net Patient Service Revenue	\$18844745
Other Operating Revenue	\$241587
Total Operating Revenue	\$19086332

4. Operating Expenses

Salaries and Wages	\$6725003	Employee Benefits	\$1418695
Depreciation and Amortization	\$1082472	Interest Expense	\$0
Bad Debt	\$2137018	Other Expenses	\$12514558
Total Operating Expenses	\$23877746		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4791414	Total Assets	\$6739745
Net Non-operating Gains over Loss	\$-205269	Total Liabilities	\$6739745

Total Net Gains	\$-4996683
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19699471	\$9991778	\$9707693
Medicaid	\$10507212	\$8702172	\$1805040
Other Government	\$390654	\$270909	\$119745
Other State	\$0	\$0	\$0
Other Payers	\$15230920	\$10155671	\$5075249
Total	\$45828257	\$29120530	\$16707727

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$11417	\$-11417

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2382119
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1065760	
HCI Payments	\$0		
Subtotal	\$0	\$1065760	\$-1065760
Medicaid Shortfalls	\$1826256	\$5528228	
Subtotal	\$1826256	\$6593988	\$-4767732
DSH Payments	\$0		
Subtotal	\$1826256	\$6593988	\$-4767732
Medicare Shortfalls	\$7781365	\$7752183	
Other Government Programs	\$0	\$0	
Total	\$9607621	\$14346171	\$-4738550

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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